

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 AUG -3 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005057

1. Corporation Name

Lakeland Vision, Inc.

2. Principal Office Address - No P.O. Box #

228 S. Massachusetts Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1582

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33801

Country

US

Zip

33802

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/98

5. FEI Number
593531304

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David M. Touchton

Street Address (P.O. Box Number is Not Acceptable)

6950 Nunn Rd.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

500210662095
08/03/11--01003--003 **297.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **7/25/11**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Weymon Snuggs	402 S. Kentucky Ave. Ste. 100	Lakeland, FL 33801
T	Bruce Lyon	229 N. Tennessee Ave.	Lakeland, FL 33801
D	Phil Allen	225 E. Lemon St., Ste.300	Lakeland, FL 33801
REINSTATEMENT			
2010-11			

10. E-mail Address: **BLyon@SwanAdvisors.com**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/11

883 616-1615